DWS-FA Form 61EA, 9/99

Date Received	
Case Number	

Department of Workforce Services **APPLICATION FOR EMERGENCY ASSISTANCE**

Complete this application form to apply for Emergency Assistance. The Department of Workforce Services has other cash and food help. Talk with your local Office of Workforce Services about applying for these benefits. **Please fill out the form as completely as possible. We must have at least your name, address and signature.** Social Security cards, birth certificates, proof of income, assets, proof of pregnancy may be required.

First Name	Middle Initia	ast Name	Э		В	rthdate	Pho	Phone			
Resident Address	sident Address Apt. #				City					Zip	
Mailing Address	Apt. #			City					е	Zip	
Time\Date of Appo	intment				_				l		
Eligibility Specialist	to be Seen _					_ Ph	one Nu	mber			
Write your name									istance.		
AME lst, First, Middle Initial	Marita I Status	Social Security # Medicare Number		Birthdate	Sex	Race (Opt.)	How related to you?	U.S. Citizen ? Y/N	Attending School?	Disabled yes\no	Veteran yes\no
							SELF				
		-									
Is anyone in you	r home pregnan	t? (proof of pre	egnancy v	will be rec	uired)				1	G `	Yes G

Do you have a legal guardian or someone who has power of attorney Name Relationship Does anyone help you pay for your bills? (such as a spouse, par IF YES, WHO? Name Relationship Relationship Does anyone (including children) have any ASSETS such as bank certificate, trust fund, time certificate, cash, personal needs accords your name on someone else's account?	Address Phone Address Addres
Name Does anyone help you pay for your bills? (such as a spouse, part of yes, who? Name Relationship Relationship Relationship Does anyone (including children) have any ASSETS such as bank certificate, trust fund, time certificate, cash, personal needs accord is your name on someone else's account? Institution Account Number Joint? Type Resord Account Number Type Yes/No Resord Does anyone own, or is anyone buying, any type of PROPERT insurance, home you live in, other homes, satellite dishes, land/refuneral plans?	Address Phone Address Address Address Address Address Address Accounts, IRA's, stocks, bonds, Credit Union, money marke ounts, etc.? G Yes G N G Yes G N G Yes G N G Yes G N
Does anyone help you pay for your bills? (such as a spouse, parties of the partie	Address Address Accounts, IRA's, stocks, bonds, Credit Union, money marked ounts, etc.? G Yes G N G Yes G N G Yes G N G Yes G N
Name Relationship Does anyone (including children) have any ASSETS such as bank certificate, trust fund, time certificate, cash, personal needs account ls your name on someone else's account? Institution Account Number Joint? Type Resort Account Number Yes/No Resort Does anyone own, or is anyone buying, any type of PROPERT insurance, home you live in, other homes, satellite dishes, land/r funeral plans?	Address Address C accounts, IRA's, stocks, bonds, Credit Union, money marked ounts, etc.? G Yes G N G Yes G N e of Account or Name of Owner/Joint
Does anyone (including children) have any ASSETS such as bank certificate, trust fund, time certificate, cash, personal needs accords your name on someone else's account? Institution Account Number Joint? Type Resor	accounts, IRA's, stocks, bonds, Credit Union, money market ounts, etc.? G Yes G N G Yes G N e of Account or Name of Owner/Joint
certificate, trust fund, time certificate, cash, personal needs accords your name on someone else's account? Joint? Type Resolution	ounts, etc.? G Yes G N G Yes G N e of Account or Name of Owner/Joint
insurance, home you live in, other homes, satellite dishes, land/r funeral plans?	
insurance, home you live in, other homes, satellite dishes, land/r funeral plans?	
Joint?	mineral rights, life estates, tools, equipment, G Yes G N NG WITH YOU.
Type of Property Owner/Joint Owners Yes/No	o Face/Market Value Equity/Cash Ver. Value
Does anyone own any type of VEHICLE such as cars, trucks, mo	notorcycles, snowmobiles, motor home, boats? G Yes G N
Type of Licensed Owner/Joint Ovehicle Make Model Year Yes/No	
	Owners Current Market Amount Use Value Owed Ver.

				3.			Denied? Yes/No					Date Applied/Received		Date Benefits Will Begin	
								\$		per					
								\$		per					
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low often Paid	l? (c			Every 2 ekly Ho		Other		low often Pa	id? (d		2x month		2 weeks ourly (Other	
lame of Emplo ddress and P			may be cont	acted)				lame of Emp			may be co	ntacted)			
•		Hourly Wage	-		Vk [Date Started Hours Worke Week		orked per	ked per Hourly Wage		Day of Month/Wk Paid				
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Pleas	e e	xplain													

Has anyone applied for or received any UNEARNED INCOME such as Social Security, unemployment, SSI, railroad retirement,

9.

		tatements below carefully erything before you sign the	•	nd something, ask yo	our Eligibility Specialist abo	out it.
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!		hure called "Rights and Ro Eligibility Specialist to ex		this brochure. If I do	o not understand anything ir	n the
***	penalty of perjury, I sv by the signature on thi	vear that the answers I has document. I understand	ve given on this applicatio	n are true and correct on this application w	stand those statements. Upot. I am the person represe rill result in prosecution for frallication.	ented
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Signatu	re or Mark of the Appli	cant Da	te Signature or M	lark of the Spouse	Date	
If you If you accep Apply agence If you decidi	do not check either of would like help in filling thelp is yours. You ming to register or declinery.	these boxes, you will be on out the voter registration ay fill out the application for the register to vote will has interfered with your right in applying to register to mplaint with: Lt. G	considered to have decided application form, we will h	G No d not to register to von elp you. The decision essistance that you we to register to vote, you pose your own politic	ote at this time. on whether to seek or vill be provided by this your right to privacy in	
Eligib	oility Specialist		Service Type	es		-]
	of Interview MENTS:	Approval Date	Denia	I Date	Denial Reason	

AVOID PROBLEMS! You can avoid serious problems by making sure you know your rights and responsibilities and the rules for public